

BUSINESS NAME \_\_\_\_\_

**STATE OF NEW HAMPSHIRE**

LICENSE NUMBER

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PIN **Enter PIN on Telefile**

THIS WORKSHEET MUST BE COMPLETED PRIOR TO FILING THE NH MEALS &amp; RENTALS RETURN

For the month of

January

February

March

April

May

Filing due date

02/17/2004

03/15/2004

04/15/2004

05/17/2004

06/15/2004

**RECEIPTS FROM MEALS AND BEVERAGES**

1	Tax Excluded Receipts					
2	Meals Tax @ 8% (Line 1 multiplied by .08)					
3	Tax Included Receipts					
4	Meals Tax @ 7.41% (Line 3 multiplied by .0741)					
5	<b>TOTAL MEALS TAX</b> (Line 2 plus Line 4)					

**RECEIPTS FROM RENTALS**

6	Room Rental Receipts					
7	Permanent Resident Receipts					
8	Taxable Room Rental Receipts Line 6 minus Line 7					
9	<b>TOTAL ROOM RENTAL TAX</b> Check rate used. <input type="checkbox"/> .08 <input type="checkbox"/> .0741 Line 8 multiplied by .08 or .0741.					
10	Motor Vehicle Rental Receipts					
11	<b>TOTAL MOTOR VEHICLE RENTAL TAX.</b> Check rate used. Line 10 x rate, <input type="checkbox"/> .08 if tax excluded, <input type="checkbox"/> .0741 if tax included. Round to nearest dollar.					
12	<b>TOTAL TAX</b> (Line 5 plus Line 9 plus Line 11)					

**DEDUCTIONS AND ADDITIONS**

13	Commission (Line 12 multiplied by .03) See 3% commission requirement in General Instructions.					
14	Advanced Payment or Credit Memo					
15	<b>TOTAL DEDUCTIONS</b> (Line 13 plus Line 14)					
16	Interest (See instructions)					
17	Penalty for Failure to Pay (See instructions)					
18	Penalty for Failure to File (See instructions)					
19	<b>TOTAL ADDITIONS</b> (Sum of Lines 16, 17 & 18)					

20	<b>TOTAL PAYMENT DUE</b> (Line 12 minus Line 15 plus Line 19)					
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**Payment authorized on Line 20 will be debited from your account the next business day after the filing due date**

21	<b>TAX EXEMPT MEALS &amp; RENTALS RECEIPTS</b> (See instructions)					
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January

February

March

April

May

THE TELEFILE SYSTEM WILL PROVIDE A 10 DIGIT CONFIRMATION NUMBER TO VERIFY THE

22	<b>CONFIRMATION NUMBER</b>	_____	_____	_____	_____	_____
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Telefile Telephone Number 1-800-328-4557  
E-File at [www.state.nh.us/revenue](http://www.state.nh.us/revenue)

AND MUST BE RETAINED FOR THREE YEARS FROM THE DUE DATE OF THE TAX OR THE DATE THE RETURN IS FILED WHICHEVER IS LATER.

June	July	August	September	October	November	December	TOTAL
07/15/2004	08/16/2004	09/15/2004	10/15/2004	11/15/2004	12/15/2004	01/17/2005	2004

RECEIPTS FROM MEALS AND BEVERAGES

1							
2							
3							
4							
5							

RECEIPTS FROM RENTALS

6							
7							
8							
9							
10							
11							
12							

DEDUCTIONS AND ADDITIONS

13							
14							
15							
16							
17							
18							
19							
20							

above if the return is timely filed and on the next business day following the date the return was filed for late filed return.

21							
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June	July	August	September	October	November	December	2004
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TRANSACTION. PLEASE ENTER THE NUMBER IN THE APPROPRIATE SPACE BELOW.

22							
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